

METH

Our Nation's Crisis

• TOOLKIT FOR CHANGE •

A GUIDE FOR HEALTH CARE PROFESSIONALS

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About Meth: Our Nation's Crisis—Toolkit for Change

The content that follows contains the latest information about methamphetamine (meth). This material can help health care professionals identify and combat meth use and support those victimized by its devastation.

This guide is part of a larger toolkit, *Meth: Our Nation's Crisis*, a comprehensive CD/DVD. The CD offers 170 pages of printer-friendly material including a *Meth Primer*, *Campaign Resources*, *Meth Resource Directory*, and five action guides for community leaders, schools, parents, employers, and health care professionals. The DVD presents three meth-prevention videos—*Meth: Shadow Across America*, *Life After Meth*, and *Walking on Thin Ice*.

To order the *Meth: Our Nation's Crisis* CD/DVD (Order # 2395), log on to www.hazelden.org/bookstore or call 800-328-9000 for more information.

About Hazelden Publishing and Educational Services

Hazelden Publishing and Educational Services is a division of the Hazelden Foundation, which pioneered the model of care for alcoholism and other drug addiction that is now the most widely used in the world. Today, with more than fifty years of experience and an unparalleled breadth of services, Hazelden is an international provider of treatment, research, education, training, and publishing. Visit www.hazelden.org for further information about Hazelden resources.

The Hazelden Foundation originally developed the following content in 2005 in conjunction with the Initiative Foundation (www.ifound.org). The material was subsequently revised and updated in 2006 for *Meth: Our Nation's Crisis*.

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A GUIDE FOR HEALTH CARE PROFESSIONALS

Meth: A Growing Problem for Health Care Professionals

A highly addictive synthetic stimulant, methamphetamine (meth) has a costly impact on users' health and lives, the environment, and the crime rate in communities.

No one sees the devastation more directly, perhaps, than those in the health care field who witness how the drug affects the physical and emotional lives of users—students, parents, businesspeople, laborers—everyday people who become quickly addicted. Unhealthy weight loss, sores, psychotic behavior—all result from meth use.

There are other consequences as well. Straight-A students will steal from their parents to get meth. Small meth labs cause expensive and long-term environmental damage. Children who live in households where meth is cooked or used are often endangered, hungry, and neglected. Meth is accessible: it's often cheaper to buy than cocaine, and it can be made from household items. This is why a July 2005 report by the National Association of Counties called it our nation's most serious drug problem.¹

Use This Guide to Battle Meth in Your Community

To address this issue effectively, communities throughout the United States need

to get involved. The purpose of this guide is to give health care professionals the information and tools they need to identify and respond to meth use in their patients and their patients' family members.

This guide's resources include

- descriptions of the various medical complications of meth use
- common emergency room treatment for meth users
- tips on how to determine if a child is living with parents on meth
- guidelines on how first responders can help children
- information about meth and dental health
- procedures for screening patients for substance abuse
- sample protocols for medical evaluations of children found in meth labs

If you think of meth as primarily a West Coast problem, consider this startling fact: in 2004, more clandestine lab incidents were reported in Iowa (1,432) and Illinois (1,129) than in California (785).²

You may want to photocopy this reproducible guide for others in your field. This guide is part of a larger CD/DVD toolkit titled *Meth: Our Nation's Crisis* purchased and distributed by community leaders. For more background, request the *Meth Primer* portion of *Meth: Our Nation's Crisis* from your community meth-awareness initiative.

Meth-Related Injuries Increase

Many hospitals nationwide are reporting more meth overdoses, more cases of meth-related hyperthermia, and more burn victims who were critically injured at meth lab sites than ever before. For example, on one particular day in 2005 in a Tennessee burn center, seven of the twenty patients were there because of injuries sustained in fires and explosions in clandestine meth labs. A March 2005 MSNBC news item noted that the cost of treating a critically injured burn victim typically exceeds \$10,000 a day—and most meth patients don't have health insurance.³

According to the government's Drug Abuse Warning Network (DAWN)—a public health surveillance system that monitors drug-related emergency room visits for select metropolitan areas—in the second half of 2003, nearly half of the 627,923 drug-related emergency room visits nationwide involved alcohol or a major illicit drug. Stimulants, including amphetamine and methamphetamine, were involved in 42,538 of all drug-related emergency room visits.⁴ Many hospital administrators report an increase in meth-related incidents, although exact numbers are hard to track. Patients are often admitted and treated for problems such as abuse, violence, burns, seizures, agitation, and heart attacks, but it is not immediately evident

that the conditions resulted from meth use.

Who Are Meth Users?

In general, meth users take the drug for the intense euphoria it offers. Immediately after taking it, users experience an intense, euphoric “rush,” followed by eight to twelve hours of high-energy behavior, during which they may not eat or sleep. Some take meth to cope with long working hours and multiple demands; they start using it because they hear that it will boost their energy and productivity. Some people, especially women, try meth for weight loss, and men may use it to increase their sexual endurance.

Today, more adults than adolescents are using meth. The 2004 *National Synthetic Drugs Action Plan* reported that the level of meth use in the United States has been rising among adults and declining among adolescents over the last several years.⁵

Why is adult use increasing? Some researchers say that meth is commonly seen as harmless, like espresso coffee for the working class, because users often take it to increase their energy and productivity. Others say in rural areas it's considered the “poor man's cocaine” because the cost per gram is similar, but the longer-lasting effects of meth give it the reputation as a cheaper high.

While teen use may be decreasing, continuing drug education is needed because as adolescents become more exposed to illegal drugs, they often become more callous to their dangers. In 2004, barely over half (52.4 percent) of twelfth graders felt that taking crystal meth once or twice was a “great risk,” according to a 2004 study by the National Institute of Drug Abuse (NIDA).⁶

Many teenagers think of meth as safer, longer lasting, and easier to buy than cocaine. It's not uncommon for fourteen- and fifteen-year-olds to be caught using and selling the drug.

Meth Use Is Increasing in the Gay and Bisexual Population

Meth use is rising among men who have sex with other men. In many gay clubs found throughout New York City and elsewhere, methamphetamine is often used in an injectable form, placing users and their partners at risk for transmission of HIV, hepatitis C, and other sexually transmitted diseases (STDs).

A recent study from the Medical and Health Research Association in New York found that compared to nonusers, meth users had more sexual partners and were more than 75 percent more likely to report unprotected anal intercourse. They were also significantly more likely to be HIV-positive.

Meth's initial aphrodisiac effects may attract some people, both gay and straight. Gay men in treatment programs describe injecting meth before engaging in almost nonstop sex marathons that last from twelve to sixteen hours to as long as three to four days. But they also report that continued frequent use reverses the sexual effect physically, although the obsessive desire for sex remains. The powerful "speed"-induced urge for sex can involve multiple partners, including paid sex workers.

Health care professionals are urged to educate all patients, including lesbians/gays/bisexuals, on the link between substance abuse and HIV/AIDS. Patients should know that sex under the influence increases the risk of rape and sexual assault, unsafe sex, and possibly the transmission of STDs, including HIV/AIDS.

Intervention Tips

Consider these points when conducting an intervention, or advising families on doing so.

- If possible, intervene when the user is not under the influence of alcohol or other drugs.
- State your motivation—that you care about the user—and present your observations of his and her behavior. Using examples, firmly describe the consequences for the user and for others. Show that the situation is out of control.
- Expect to be put on the defensive. The user may deny having a problem.
- Explain why the user needs help. Many people recover from addiction—given structure and support.
- Tell the user what you'll do next: this might include contacting authorities, notifying family, and offering treatment options.⁷

Learn to Recognize and Respond to Meth Use

Because it's not always apparent that injuries are meth related, medical personnel and other care providers should learn the signs and symptoms of use and know what to do if they suspect a patient is on meth.

If you suspect a patient or client in your hospital, clinic, or office is under the influence of meth, you should move and speak slowly and not come too close too fast, as meth users are often paranoid and may misunderstand your movements. Keep your hands visible so the user doesn't feel threatened or become violent. If you feel threatened or in danger, notify security at once.

Medical Complications of Meth Use

The National Institute on Drug Abuse (NIDA) reports that meth can cause a variety of cardiovascular problems, including rapid heart rate, irregular blood pressure, and irreversible, stroke-producing damage to small blood vessels in the brain. Hyperthermia (elevated body temperature) and convulsions can occur with meth overdose and, if not treated immediately, can result in death.

Physiological Damage

Chronic meth use can result in inflammation of the heart lining. Users who inject the drug can suffer from damaged blood vessels and skin abscesses.

"I fell in love with it [meth] the very first time I used it. It took away all of the awkwardness and self-doubt of adolescence and instantly made me feel like I was invincible."

— Jim Atkins, Director of Admissions, Hazelden, and former meth user

Signs and Symptoms of Meth Use:

If you suspect someone is using the drug, work with the patient's family to get this person a professional chemical dependency assessment. The following symptoms can indicate meth use:

- loss of appetite—extreme, rapid weight loss
- high energy level or restlessness
- talkativeness
- sores on skin from scratching at "crank bugs"
- insomnia
- paranoia
- dry mouth
- dilated pupils
- distorted auditory and visual perceptions
- repetitive motor activity
- declining performance at school, work, or home
- damaged relationships
- stealing and borrowing money from work, home, or friends
- secretive, defensive behavior about activities and possessions
- unusual mood changes
- abrupt temper outbursts
- switching to a different peer group
- deterioration in personal appearance and hygiene
- loss of interest in usual activities, pastimes, and hobbies⁸

NIDA states that acute lead poisoning is another potential risk for users because lead acetate is commonly used in the illegal production of meth. There have been documented cases of acute lead poisoning in intravenous meth users.

Psychotic Behavior

Meth users may have episodes of violent behavior, paranoia, anxiety, confusion, and insomnia. According to NIDA, psychotic symptoms can persist for months and even years after use has ceased.

Increased Susceptibility for Disease

Increased HIV and hepatitis B and C transmissions are also likely consequences of meth use, particularly among those who inject the drug and share injection equipment. Research indicates that meth can boost a person's libido during the early stages of use, and the drug appears to be associated with rougher sex, which may lead to bleeding and abrasions. Heightened sexual desire can lead to careless and unprotected sex, putting users at greater risk for contracting HIV.

Emergency Room Treatment and Pharmacological Approaches for Meth Users

Because hyperthermia and convulsions are common, and often fatal, complications of meth overdose, emergency room treatment should focus on the immediate physical symptoms, and staff should be familiar with the facility's protocol for drug overdoses. Hyperthermic overdose patients are usually cooled off in ice baths, and anticonvulsant drugs may be administered. In cases of extreme excitement or panic, NIDA reports that treatment with anti-anxiety agents, such as benzodiazepines, has been helpful. In cases of meth-induced psychoses, short-term use of neuroleptics has proven successful.



Resources Are a Phone Call Away

Staff at the National Clearinghouse for Alcohol and Drug Information (NCADI) are available to provide you with resources: call 800-729-6686.

Fact sheets on health effects of drug abuse and other topics can be ordered free of charge, in English or Spanish, by calling NIDA Infofax at 888-NIH-NIDA (888-644-6432), or 888-TTY-NIDA (888-889-6432) for the hearing impaired.

According to NIDA, there are currently no particular pharmacological treatments for meth dependence. The current pharmacological approach is often borrowed from experience treating cocaine addicts, but NIDA says this approach has not met with much success among meth addicts.

Children: The Innocent Victims

Tragically, meth abuse does not just affect the abuser. Of particular concern to health and social services providers is the growing number of young children being treated for injuries or trauma sustained because of an adult's dangerous meth addiction and a child's exposure to toxic substances in illegal labs.

Being around meth endangers children in many ways. The living conditions of a home used for the production of meth or inhabited by users also harm children. The homes are frequently filthy, and the parents are consumed with the process of cooking meth and thus neglect their children. Children's play, sleep, and eating areas may be infested with rodents and insects. Rotten food, animal feces, used needles, and garbage piled on floors and counters are often found by law enforcement officers. First responders say they can never fully prepare themselves for the shock of finding young children who haven't eaten, bathed, or been loved by a sober parent in days or weeks. They describe finding malnourished, frightened, and neglected children with respiratory problems, liver damage, injuries, or other problems. Initially, the children must be held with rubber gloves, because their skin and clothing are extremely toxic.

In meth lab raids in 2003, nearly 1,300 incidents involved a child exposed to toxic chemicals.⁹ You don't have to be a meth user to absorb its toxins—living near its production or inhaling its smoke will also cause it to enter a person's bloodstream. And because children have smaller bodies and higher rates of metabolism and respiration than adults, they absorb higher levels of the toxic meth-lab chemicals. The explosive ingredients used to make meth also put children at risk for chemical burns and respiratory damage from fires.

Identify At-Risk Children

Health care providers are often the first to identify at-risk children, so they should know the physical and behavioral signs often exhibited by children who live at or visit a meth site. Children with symptoms consistent with meth exposure or ingestion must have an emergency medical evaluation as soon as possible. Any child found in such a setting may also be at risk for various types of abuse or neglect, which should be addressed in a medical as well as social services evaluation.

"For children living with parents on meth, going hungry is just part of the bargain . . . In some cases, no one is in charge, except perhaps an older sibling, and kids are left to fend for themselves."

— Dirk Johnson, *Meth: The Home-Cooked Menace*

Children exposed to meth labs may display the following symptoms:

- red and itchy eyes
- chronic cough
- skin rashes/burns
- chronic respiratory problems
- reliance on an inhaler
- body odor that smells of chemicals
- clothes that smell like cat urine

Risks to children living in meth labs include

- fire and explosions
- weapons and accidents
- poisoning and toxic exposure
- poor nutrition, health care, and parenting

How Do You Know If a Child Is Living with Parents on Meth?

Children living in a meth house may appear hungry, unkempt, paranoid, sad, or angry. They often have lower self-esteem, more aggressive behaviors, and more health and dental needs than their peers.

Children with long-term exposure to meth labs may display

- learning disabilities
- delayed speech and language skills
- malnutrition
- meth addiction
- kidney, liver, and spleen damage
- erratic sleeping habits
- neurological damage

Health care providers should be familiar with their state's and their health facility's protocol for caring for children found at a meth lab site and should report any suspicions to the appropriate administrator or staff for follow-up. See page 17 for sample protocols.

**The High Cost to Children**

In 2003, a baby in Catoosa, Georgia, died from burns he received when the meth lab where he lived exploded.

The baby's parents were making meth in their garage apartment. When the fire broke out, the parents escaped and then realized they had forgotten their baby.

By the time the baby was rescued, he had burns on over 30 percent of his body. His parents fled the area before the baby's funeral and burial and were later arrested buying more chemicals to make meth.

First Responders and Health Care Providers: How You Can Help Children

Any child found in an environment where meth is made or used is at risk for toxicity. The ongoing safety of the child must be considered when judging the need for an acute assessment. Personnel involved with acute care assessment of children must be familiar with the signs and symptoms of child abuse and neglect.

Some children may have had limited exposure to meth either by living in proximity to a clandestine lab, such as in a multi-unit dwelling, or by having been a casual visitor to such a site. Caregivers for these children are encouraged to seek care from their provider and discuss the potential risk and need for evaluation. In instances of limited exposure, evaluation may be scheduled on a routine basis if the individual is asymptomatic.

Many counties have developed a protocol for managing the health issues of children who are found at meth lab sites at the time of an investigation. Three sample protocols (see appendix) can be used as models or

adapted as appropriate. Note: they are intended to serve only as guidelines and in no way replace the expertise and judgment of health care professionals.

The Danger of Fetal Exposure to Meth

Tragically, pregnant women are using meth and passing the dangers on to their babies. In the United States in 2004, an estimated 12 million people—4.9 percent of all Americans twelve or older—had tried it at least once.¹⁰ Women are more likely to use methamphetamine than cocaine, according to the Koch Crime Institute.¹¹ Meth use has been rising steadily among women. Many female meth addicts report that they were initially attracted to the drug because they heard that it would help them lose weight and increase their energy level, helping them cope with the challenges of work and family.

Researchers are looking at how meth impacts newborn babies. The limited human studies performed so far suggest that children born to meth users may be at risk developmentally because of the direct effects of prenatal drug exposure and the caregiving environment associated with that drug use. Because meth affects transmitters in the brain, babies often experience sleep disturbances and altered behavioral patterns. These babies have been described as “irritable babies.”

The effects of methamphetamine use on brain development may last for many years. School-age children whose mothers used meth while pregnant are more likely to be hyperactive or to have attention deficit

“One little girl I interviewed told me about always having to wait for her uncle ‘to finish cooking his little red pills in the microwave’ before she could make microwave popcorn. In the backyard of the little girl’s home, there were toys lying ten feet away from a large burn pile that was used to burn the by-products of meth production.”

— Jeff Guith, Child Protection Specialist

disorders, learning disabilities, and unprovoked fits of anger and lower levels of speech-language development than nonexposed babies.

Fetal exposure to meth can cause babies to suffer from the following:

- preterm delivery and general increase in deformities, such as partially missing limbs
- brain and spinal cord damage, such as spina bifida
- heart damage
- kidney damage, including malformation of the kidney
- problems with the development of the intestines
- skeletal abnormalities, such as a club foot
- developmental abnormalities
- gastroschisis (a hole in the abdomen, with intestines outside the body)
- sleep disturbances

Encourage Patients to Begin the Recovery Journey

Health care providers are often in the perfect position to help patients by proactively identifying the symptoms of substance use disorders. To guide people into recovery, however, it is essential to recognize alcoholism and other drug dependence as medical conditions and public health problems for which effective treatments are available. In fact, a major study published in the October 2000 *Journal of the American Medical Association* found that treatments for substance use disorders are as effective as treatments for other chronic conditions such as high blood pressure, asthma, and diabetes.¹²

Always Screen for Substance Abuse

In 2003, as many as 20.3 million Americans who needed substance abuse treatment did not receive it.¹³ But that statistic can change if providers from



A National Protocol

A National Protocol for Medical Evaluation of Children Found in Methamphetamine Labs has been developed, which includes a graph of action items for law enforcement, child protective services, and medical and emergency department personnel. The National Alliance for Drug Endangered Children offers a link to the downloadable document at www.colodec.org/decpapers/Documents/DECNationalProtocol.pdf. See page 17 of this guide for three sample protocols.

all points on the health care spectrum—primary care physicians, dentists, obstetricians/gynecologists, psychiatrists, physician assistants, nurses, and others—increase their efforts to screen for substance use disorders.

According to the U.S. Department of Health and Human Services' Recovery Month Web site (www.recoverymonth.gov), more than two-thirds of people who have substance use disorders see a primary care or urgent care physician every six months. These visits give physicians multiple opportunities each year to help chemically dependent patients. Because of the high esteem in which they are often held, health care providers are often more successful than others in guiding users into treatment. Just as they inquire about other medical conditions, health care providers should screen patients for substance use.

Additionally, physicians treating patients with a history of alcoholism or other addictive diseases should seek the counsel of other physicians who are knowledgeable in addiction medicine.

Screening Instruments

Screening instruments are described in depth in *Treatment Improvement Protocol (TIP) Series #24, A Guide to Substance Abuse Services for Primary Care Clinicians* (DHHS Publication No. [SMA] 97-3139). You can order this document free of charge by calling SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at 800-729-6686 or 800-487-4889 (TDD) or by visiting www.ncadi.samhsa.gov.

Project CHILD

Programs such as Project CHILD (Chemical Health Intervention, Linkage, and Development) in Hennepin County, Minnesota, provide outreach, assessment, referral, and case management support to pregnant women who are reported to the county because of alcohol or other drug abuse. The project is a collaboration between Chemical Health and the Metropolitan Visiting Nurse Association, with strong links to child protection, pre-petition screening, and many community-based resources. Clients may be seen in hospitals, clinics, and in their homes. Project CHILD has operated since May 1990 through a grant from the Chemical Dependency Division of the Minnesota Department of Human Services.

For more information on Project CHILD, call 612-879-3501.

Meth Devastates Dental Health

Dental problems are common among all drug users, who tend to suffer from poor hygiene. But meth users face some specific issues with the teeth and mouth, due in part to some of the key ingredients in meth, such as lithium metal, hydrochloric (muriatic) acid, sulfuric acid, ether, red phosphorus, and lye. These chemicals can irritate and burn sensitive tissues inside the mouth, create sores, and lead to infection and decay.

Meth dries up saliva, leaving the mouth without a natural defense against cavities. Users are notorious for treating symptoms of “cottonmouth” with lots of sugary soda, which leads to more tooth decay. Because the drug can make users feel anxious, many clench or grind their teeth until they crack. Meth can also cause gum disease by shrinking the vessels that supply blood to oral tissues, breaking the tissues down and eventually killing them.

The conditions described above, commonly referred to as “meth mouth,” are a growing problem for dentists, particularly those who work in rural areas or in prison populations. One dentist in rural Missouri estimates that at least 15 percent of the people he treats suffer from it. Meth mouth can advance so rapidly that even young adults who suffer from it may need to have all their teeth pulled and replaced by expensive dentures.

Dentists who work in Minnesota prisons, for example, report a noticeable rise in meth-related dental care and associated costs. Prison dental costs for Minnesota inmates rose from \$1.2 million five years ago to about \$2 million in 2004. These costs are primarily thought to be attributed to the treatment of meth mouth.

Dentists Can Educate Patients

Dentists who work in areas with high rates of meth use can use regular dental check-ups as an opportunity to warn their young patients about its dangers. After the usual admonitions to floss and brush regularly, these dentists can tell children and teens, “And whatever you do, don’t do meth.” Several dental schools are also adding instruction about identifying and treating meth mouth to their curriculum. In addition to being able to identify meth mouth, dental health workers should educate themselves about meth use and addiction treatment options.

Don’t Perpetuate the Stigma of Addiction

Even in the medical community, the perception often remains that substance use disorders are a moral weakness, despite research that clearly establishes them as medical disorders. This stigma compromises people’s ability to get treatment. Well-trained and

“For a while using seems to work, but over time, the high that meth once provided becomes a mockery, and regular meth users eventually pay a hideous price. They develop sores all over their bodies from scratching at what seems like a thousand bugs gnawing at them. Their gums become diseased. Their teeth rot and fall out. They become emaciated and hollow-eyed. On meth, a person of thirty can pass for a person of fifty or more.”

— Dirk Johnson, *Meth: The Home-Cooked Menace*

informed health care providers, using evidence-based diagnostic and therapeutic practices, can play a critical role in providing or securing treatment for patients with substance use disorders.

Indeed, the disease of addiction can be treated, and with success. At this time, NIDA says the most effective treatments for meth addicts are “cognitive behavioral interventions” designed to help modify a patient’s thinking, expectations, and behaviors and to improve life coping skills. Effective treatment addresses medical, psychological, legal, social, and vocational issues. As is true with all chemical dependency, meth treatment works best when followed by mutual-support-group participation (such as Crystal Meth Anonymous, Narcotics Anonymous, or Alcoholics Anonymous) and a sober living environment.

Fight Compassion Fatigue

Meth takes a toll on its users and on the innocent children exposed to it, but it also affects those who care for and treat these victims. Medical and mental health care professionals, emergency care workers,

clergypersons, counselors, and volunteers who work with meth addicts and their children are susceptible to “compassion fatigue” because of the horrors they witness. Those who suffer from compassion fatigue can become withdrawn and joyless, irritable, depressed, and uninterested in intimacy and sex. They may feel they’re “just going through the motions” of their lives with no sense of purpose or meaning. They might also turn to smoking, drinking, drug use, or other addictive behaviors themselves in an attempt to escape their feelings.

A physical exercise regimen can help caregivers deal with the stress that settles into their bodies. So can regular quiet time for reflection, meditation, or solitude, and creative engagement with activities other than caregiving.

“There is this myth that we have unlimited energy; but we are not ‘Energizer Bunnies.’ We can’t just keep going and going and going, giving and giving and giving. Self-care is a way to charge our inner batteries so we can continue caring for others.”

— Colleen Breen, *Making Changes: A Guidebook for Managing Life's Challenges*

Hazelden Resources for Health Care Professionals

The Hazelden Store offers books, videos, and other products on recovery, treatment, criminal justice, and prevention. Log on to www.hazelden.org/bookstore for more information.

Meth: The Home-Cooked Menace

by Dirk Johnson

Center City, MN: Hazelden, 2005 • Order #7794

With staggering facts and up-to-the-minute information, this award-winning journalist has written the definitive book about America's methamphetamine pandemic. Johnson examines the unprecedented physical, mental, social, and environmental destruction caused by meth use and production.

A Clinician's Guide to Methamphetamine

Center City, MN: Hazelden, 2005 • Order #7371

Written by professionals at the Matrix Institute on Addictions and UCLA's Integrated Substance Abuse Program, this manual presents essential information in an approachable style. Chapter topics include meth basics, clinical challenges, stages of recovery, assessment, and meth's effects on adolescents and children. Includes a posttest worth eight NAADAC-approved continuing education hours. (Hazelden Publishing and Educational Services is a NAADAC-approved education provider: program #000381.)

The Matrix Model

INTENSIVE OUTPATIENT ALCOHOL AND DRUG TREATMENT

Center City, MN: Hazelden, 2005 • Order #0176

This proven-effective, sixteen-week individualized program was developed for applicability to the needs of meth addicts. Authored by professionals at the Matrix Institute on Addictions and UCLA's Integrated Substance Abuse Program, this comprehensive, multifORMAT program covers six key clinical areas: individual/conjoint therapy, early recovery, relapse prevention, family education, social support, and urine testing. *The Matrix Model* was supported by grants from NIDA and other government agencies and was tested in the CSAT Methamphetamine Treatment Project. Includes a therapist's manual, reproducible client and family handouts (also on CD), stickers for tracking "clean and sober" days, a research CD, and three lecture VHS/DVDs. Also available: Matrix medallions for program graduates and reproducible client and family handouts in Spanish on a separate CD.

Web Resources for Health Care Professionals

ALCOHOL AND OTHER DRUG INFORMATION

American Medical Association Office of Alcohol and Other Drug Abuse

www.ama-assn.org/ama/pub/category/3337.html
800-621-8335

This collaboration of the AMA and Robert Wood Johnson Foundation works to reduce underage substance use.

Association for Medical Education and Research in Substance Abuse

www.amersa.org
401-349-0000

AMERSA offers training and materials for medical professionals and students and all primary health professional disciplines.

Hazelden Foundation

www.hazelden.org
800-257-7810

Hazelden pioneered the model of care for alcoholism and other drug addiction that is now the most widely used in the world. Today, with more than fifty years of experience and an unparalleled breadth of services, Hazelden is an international provider of treatment, research, education, training, and publishing. Its site offers a variety of resources and links on methamphetamine addiction, treatment, and recovery.

Institute for the Advancement of Human Behavior

www.iahb.org
800-258-8411

IAHB provides continuing medical education for mental health, chemical dependency, and alcohol and other drug use disorder treatment providers in the United States and Canada.

International Nurses Society on Addictions

www.intnsa.org

INTNSA offers information and education for nurses concerning prevention, intervention, treatment, and management of alcohol and other drug use disorders.

Physicians and Lawyers for National Drug Policy

www.plndp.org
401-444-1817

Conducting research and public education on drug use disorders, PLNDP works to help reshape national drug policy by substantially refocusing the investment in prevention and treatment.

PSYCHIATRY AND PSYCHOLOGY

American Academy of Addiction Psychiatry

www.aaap.org
202-393-4484

AAAP offers continuing education for alcohol and other drug use disorder treatment professionals.

American Psychological Association

www.apa.org
800-374-2721

The largest scientific and professional organization representing psychology in the United States, the APA has 150,000 members including researchers, educators, clinicians, consultants, and students.

American Society of Addiction Medicine

www.asam.org

301-656-3920

ASAM increases access to and quality of treatment, educates the medical arena and the public, and promotes research and prevention.

National Mental Health Association

www.nmha.org

800-969-6642

Dedicated to promoting mental health, preventing mental disorders, and achieving victory over mental illness, NMHA pursues advocacy, education, research, and service.

RESEARCH**Addiction Technology Transfer Center**

www.nattc.org

816-235-6888

ATTC identifies and promotes opportunities for advancing addiction treatment research.

CompassPoint Addiction Foundation

www.addictionresearch.com

866-600-2327

This foundation performs research on the causes and nature of alcohol and other drug use disorders.

Division on Addictions, Cambridge Health Alliance (an affiliate of Harvard Medical School)

www.divisiononaddictions.org

781-306-8600

This division provides education and training to health care workers who treat alcohol and other drug use disorders, and to scientists who study such disorders.

National Center on Addiction and Substance Abuse at Columbia University

www.casacolumbia.org

212-841-5200

CASA conducts research on the economic and social costs of alcohol and other drug use disorders.

TREATMENT PROVIDERS**American Association for Marriage and Family Therapy**

www.aamft.org

703-838-9808

AAMFT represents the professional interests of more than 23,000 marriage and family therapists throughout the United States, Canada, and abroad.

American Mental Health Counselors Association

www.amhca.org

800-326-2642

To enhance the profession of mental health counseling, AMHCA serves licensing, advocacy, education, and professional development functions.

National Association of Addiction Treatment Providers

www.naatp.org

717-392-8480

NAATP represents private alcohol and other drug use disorder treatment programs throughout the United States.

National Association of Alcoholism and Drug Abuse Counselors

www.naadac.org

800-548-0497

NAADAC serves addiction professionals who specialize in addiction treatment, prevention, and intervention.

National Association on Alcohol, Drugs and Disability, Inc.

www.naadd.org

650-578-8047

NAADD promotes awareness and education about alcohol and other drug use disorders among people with physical, sensory, cognitive, and developmental disabilities.

National Council for Community Behavioral Healthcare

www.nccbh.org

301-984-6200

NCCBH is the only trade association representing the providers of mental health, substance abuse, and developmental disability services.

APPENDIX

Example Medical Protocol for Children Found at a Meth Lab Site*PROTOCOL Example #1:***FIELD MEDICAL ASSESSMENT**

The field medical assessment is done to determine whether children discovered at the scene of a meth lab seizure are in need of emergency medical care. The assessment must be done by a medically trained person (EMT, paramedic, or qualified first responder). If no medical personnel are available on-site, ambulance personnel should be summoned to complete the assessment within two hours of discovering children at a meth lab site.

Field Medical Assessment Steps

1. For children with obvious injury or illness, begin treatments according to local EMS guidelines or protocols and transport to the nearest appropriate hospital.
2. For children who are not obviously injured or ill, perform a basic assessment consisting of:
 - a. vital signs (temperature, blood pressure, pulse, and respiration)
 - b. Triangle of Assessment including airway, breathing, and circulation
3. Should vital signs be found outside of normal parameters, the child must be cared for according to local EMS guidelines or protocols and transported to the nearest appropriate hospital.
4. If there are no obvious life threats and vital signs and initial assessment are within normal limits, the supervision and responsibility for the children should be passed to law enforcement or child welfare personnel and documented on the EMS Run Record or appropriate form.
5. Care should be taken with a child's personal possessions, which may contain chemical/drug contamination. Only in cases of gross chemical/drug contamination is it necessary to remove a child's clothing and provide clean attire prior to removing the child from the scene. (Grossly soiled clothing must remain at the scene and should be handled as evidence by law enforcement.)

*PROTOCOL Example #2:***IMMEDIATE CARE EVALUATION (within 12 hours)**

The purpose of the immediate care evaluation is to address problems requiring care that cannot wait twenty-four hours to be treated at the baseline assessment (protocol example #3). Immediate care must be provided as soon as possible after

significant health problems or risks are identified in the child. Immediate care may be provided in a hospital emergency room or urgent care facility, depending on the severity/urgency of the problem and the time of day. If drug toxicity due to meth exposure is suspected, these children should be preferentially seen in a hospital emergency room. If a field medical assessment was not completed (protocol example #1), it should be completed at the time immediate care is provided. Immediate care and baseline assessment may be combined.

Immediate Care Evaluation Steps

1. Perform the field medical assessment, if not already done in field (follow protocol example #1). Administer tests and procedures as indicated by clinical finding. If a urine or serum drug screen is required for legal purposes, it should be collected from each child within twelve hours of identification because some chemicals/drugs are eliminated in a short time.
2. Follow baseline assessment (see protocol example #3) if appropriate to medical site and time permits, or schedule a baseline assessment exam to be completed within twenty-four to forty-eight hours of lab seizure.
3. Poison Control can be used as a resource if clinically indicated (800-222-1222).
4. Secure the release of the child's medical records to child welfare personnel to ensure ongoing continuity of care.
5. Child welfare personnel should evaluate placement options and implement short-term shelter for the child.
6. Release the child to parent/caretaker or appropriate social worker, or admit the child for observation.

PROTOCOL Example #3:

BASELINE ASSESSMENT AND ONGOING FOLLOW-UP

(ALL children within 24 to 48 hours)

Many county protocols state that all children, birth to age eighteen, who are found at meth lab sites should have a baseline assessment within twenty-four to forty-eight hours as well as follow-up assessments at thirty days and at twelve months. Children found in this environment should be considered "at risk" and the evaluation and follow-up are intended to ensure attention to possible symptoms of toxic exposure as well as to identify and treat other health and welfare concerns. The qualified pediatric health care professional should plan the appropriate care based on clinical findings and use this protocol as a resource.

Whenever possible, the child's own provider should provide the health services to enhance continuity of care. A qualified pediatric health care professional is (for the purposes of this document) a pediatrician, family physician, pediatric nurse practitioner, family practice nurse practitioner, or emergency medicine physician. Health information should be released to Child Protective Services according to current legal standards.

This protocol is designed with the specific intent of caring for children found at the time of meth lab seizure. Others at risk, especially pregnant women and first responders, should consult with their providers regarding any symptoms or the need for ongoing evaluation.

Baseline Assessment Steps

1. Obtain a complete medical history.
2. Perform a complete physical examination with special attention to:
 - a. vital signs
 - b. signs and symptoms of abuse
 - c. developmental screening
 - d. neurologic screening
 - e. respiratory system
3. Consider laboratory evaluations (if there are abnormalities on history or physical exam).
 - a. liver function testing: AST, ALT, alkaline phosphatase, total bilirubin
 - b. kidney function testing: BUN, creatinine
 - c. electrolytes: sodium, potassium, chloride, and bicarbonate
 - d. CBC
 - e. serum glucose
 - f. pulmonary function tests
 - g. oxygen saturation
 - h. heavy metal screen (this should be considered when the method of meth production was not the ephedrine-reduction or cold cook methods—in other words the phenyl-2-propanone method was used—or if the method is uncertain)

For children living in direct contact with a meth lab, long-term follow-up with rechecks at thirty days and one year is recommended.

Notes

1. National Association of Counties, "The Meth Epidemic in America," survey report available at www.naco.org. The surveys were conducted by Research, Inc., of Washington, D.C. "The Criminal Effect of Meth on Communities" survey included results from 500 counties in 45 states, and "The Impact of Meth on Children" was based on results from 303 counties in all 13 states where child welfare activities are performed at the county level.
2. "Total of Clandestine Laboratory Incidents . . . 2004," map based on figures reported by the National Clandestine Laboratory Database to the DEA's El Paso Intelligence Center (EPIC). EPIC is collaborative effort of more than fifteen federal and state agencies concerned with tracking drug movement and immigration.
3. MSNBC News report, "Burn Patients on the Rise from Secret Meth Labs," March 2005, available at <http://msnbc.msn.com/id/7335410>.
4. National Institute on Drug Abuse, "NIDA Info Facts: Hospital Visits," available at www.drugabuse.gov/infofacts/hospital.html.
5. National Institute on Drug Abuse, *Monitoring the Future: National Results on Adolescent Drug Use 2004*, available at www.monitoringthefuture.org.
6. National Institute on Drug Abuse, "NIDA Info Facts: Methamphetamine," available at www.nida.nih.gov/Infofacts/methamphetamine.html.
7. Carol L. Falkowski, *Dangerous Drugs: An Easy-to-Use Reference for Parents and Professionals*, 2nd ed. (Center City, MN: Hazelden, 2003).
8. National Institute on Drug Abuse sources and Falkowski, *Dangerous Drugs*.
9. Office of National Drug Control Policy, "Drug Endangered Children," 2003 data cited under "Prevalence" at www.whitehousedrugpolicy.gov/enforce/dr_endangered_child.html.
10. Substance Abuse and Mental Health Services Administration, *Results from the 2004 National Survey on Drug Use and Health: National Findings*, DHHS Publication No. SMA 05-4062, NSDUH Series H-28 (Rockville, MD: SAMHSA, 2005).
11. KCI Anti-Meth Site FAQ, "Who Is Using Methamphetamine?" available at www.kci.org/meth_info/faq_meth.htm.
12. A. Thomas McLellan, Ph.D., David C. Lewis, M.D., Charles P. O'Brien, M.D., Ph.D., and Herbert D. Kleber, M.D., "Drug Dependence, a Chronic Medical Illness," *Journal of the American Medical Association*, Oct. 4, 2000.
13. Substance Abuse and Mental Health Services Administration, *Results from the 2003 National Survey on Drug Use and Health: National Findings*, DHHS Publication No. SMA 04-3964. (Rockville, MD: SAMHSA, 2004). Cited by National Drug and Alcohol Recovery Month at www.recoverymonth.gov/2005/kit/2005_HealthCare.aspx.